Case 20-85029 Document 3.2-8Fileided in XIS4S 6:no11/099125021Pagag641o6934

						_				
Filli	n this information to	identify your case	e:							
Dε	btor 1	Thomas		cott						
		First Name	Middle Name La	st Name						
	btor 2 bouse, if filing)	Tammi First Name		cott st Name				Check if this is:		
								An amended filir	na	
Un	ited States Bankrup	tcy Court for the:	Southe	ern District of Texas				☐ A supplement sh	Ū	stpetition
	se number (nown)	20-35029)-H3-11					chapter 13 incor		
								MM / DD / YYY	<u></u>	
~ ·	.	4001						WIIVI / DD / TTT	•	
<u> Utt</u>	icial Form	<u> 1061</u>								
<u>Sc</u>	:hedule I:	Your Inc	come							12/15
Par	ional pages, write y	our name and ca	ude information about your ase number (if known). Ansv		ace	is needed, attach a	a separate	e sheet to this form. (On the top	of any
	Fill in your employr information.	ment		Debtor 1				Debtor 2 or non-	filing spo	ouse
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	☑ Employed □1	Vot	Employed	{	√ Employed □ Not E	mployed	
			Occupation	Manager			Office Manager			
	Include part time, se	easonal, or	Employer's name	Maui Lifted Jeep I	Rer	tals, LLC	<u> </u>	Maui Lifted Jeep Rent	als, LLC	
	self-employed work.	•	Employer's address	190 Papa Pl A			1	190 Papa Pl A		
	Occupation may incl or homemaker, if it a			Number Street				Number Street		
				Kahului, Hl 96732	2-35	40	ŀ	Kahului, HI 96732-354	.0	
				City		State Zip Cod		City	State	Zip Code
			How long employed there	? 2 years		_		2 years	_	
Pa	rt 2: Give Deta	ils About Mor	athly Income							
га	t 2. Give Deta	113 About Moi	itiny income							
	Estimate monthly i are separated.	ncome as of the	date you file this form. If yo	u have nothing to rep	ort	for any line, write \$0	in the spac	ce. Include your non-fi	ling spous	e unless you
	If you or your non-fili attach a separate sh		nore than one employer, com	bine the information f	for a	II employers for that	person on	the lines below. If you	need mor	e space,
						For Debtor 1		r Debtor 2 or n-filing spouse		
			ad commissions (before all plate what the monthly wage w		·.	\$2,500.00	<u> </u>	\$2,500.00		
3.	Estimate and list m	onthly overtime	pay.	3	i	÷\$0.00	<u>)</u> +_	\$0.00		
4.	Calculate areas inc	come. Add line 2	+ line 3	4		\$2,500.00		\$2,500.00		

Debtor 1 Thomas Calvert Scott
Debtor 2 Eight Name Middle Name Last Name

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Case number (if known) 20-35029-H3-11

			For Debtor 1	For Debtor 2 or non-filing spouse			
	Copy line 4 here→	4.	\$2,500.00	\$2,500.00			
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$205.96	<u>\$205.96</u>			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00			
	5e. Insurance	5e.	\$0.00	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00	\$0.00			
	5g. Union dues	5g.	\$0.00	\$0.00			
	5h. Other deductions. Specify:	5h.	+\$0.00	+\$0.00_			
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$205.96	\$205.96			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,294.04	\$2,294.04			
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross receipts,	_	_				
	ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00			
	8b. Interest and dividends	8b.	\$0.00	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00			
	8d. Unemployment compensation	8d.	\$0.00	\$0.00			
	8e. Social Security	8e.	\$0.00	\$0.00			
	8f. Other government assistance that you regularly receive	ос.	Ψ0.00	ψ0.00			
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00	\$0.00			
	8g. Pension or retirement income	8g.	\$0.00	\$0.00			
	8h. Other monthly income. Specify: See additional page	8h.	+ \$0.00	+ \$750.00			
		O					
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.		\$0.00	\$750.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse		\$2,294.04	+ \$3,044.04 = \$5,338.08			
11.	State all other regular contributions to the expenses that you list in Schedule .	J.					
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .						
	Specify:			11. + \$0.00			
12	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. \$5,33						
12.							
	Combine						
				monthly income			
13.	Do you expect an increase or decrease within the year after you file this form?						
	Debtors are seeking additional employment.						
	☑ Yes. Explain:						

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Debtor 1 Debtor 2	Thomas Tammi First Name	Calvert Lynn Middle Name	Scott Scott Last Name	Case number (if known) 20-35029-H3-11
				Amount
8h. Other mo	onthly income For De	ebtor 1		
Income f	\$0.00			
8h. Other mo				
Income f	rom All Other Source	s		\$750.00